

COVER PAGE

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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Hardy	Stephen	M.	(916) 419-2513
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
402			OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

California Alcoholic Beverage Control

Division, Board, District, if applicable:

Director

Your Position:

→ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☐ State
- ☐ County of _____
- ☐ City of _____
- ☐ Multi-County _____
- ☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2007, through December 31, 2007.

-or-

☐ The period covered is ____/____/____, through December 31, 2007.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2007, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

→ Total number of pages including this cover page: _____

→ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

2/19/08

Signature

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <div style="background-color: black; width: 100px; height: 30px;"></div>

> NAME OF SOURCE <u>Miller Brewing Co</u>		
ADDRESS <u>411 East Wisconsin Ave.</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Quarles & Brady, LLP</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6/12/07</u>	<u>\$17.26</u>	<u>Lunch</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE <u>California Grocers Association</u>		
ADDRESS <u>1415 L Street #450</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Sacramento, CA 95814</u> <u>Advocate Group</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>7/20/08</u>	<u>\$14.85</u>	<u>\$10.00</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE <u>Anheuser Busch Companies</u>		
ADDRESS <u>1201 K Street #130 Sacramento CA</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>Government Affairs</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>8/14/08</u>	<u>\$50.86</u>	<u>Dinner</u>
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE _____		
ADDRESS _____		
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE _____		
ADDRESS _____		
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

> NAME OF SOURCE _____		
ADDRESS _____		
BUSINESS ACTIVITY, IF ANY, OF SOURCE _____		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____